



<u>Elections@annapolis.gov</u> • 410-263-7929 • Fax 410-280-1853 • <u>www.annapolis.gov</u>
Deaf, hard of hearing or speech disability - use MD Relay or 711

Campaign Fund Report Summary of Receipts and Disbursements

Sheila M. Fir	nlayson	Alderwoman	4
Name of candidate or con	mittee as filed with the election office	Office	Ward
Bank information	<u>Bank name</u>	<u>Account</u>	number
1. Checking	Severn Bank	#0018052951	1
2. Other			
Transaction period from:	Oct 28, 2013	to Nov 5, 2013	
Due no later than 4:30PM	on the last day of each transaction period. (S	ee Candidate Packet Memo for	dates)
Final Surplus funds distribut Summary of Receipts and	•		
Cash balance - beginni		\$	9,063.77
2. Receipts from Schedul	e 1, column 4		1,000.00
3. Proceeds from Schedu	le 2, column 4		00.00
4. Total cash available (A	dd lines 1, 2 and 3)	\$	10,063.77
5. Disbursements from So	chedule 3:		
Column 3 \$	\$530.66		
Column 4	00.00		
Column 5	00.00		
6. Total disbursements		\$	530.66
7. Cash balance - end of	transaction period (Subtract line 6 from lir	e 4)	9,533.11
8. Total outstanding obliga	ations from Schedule 4	\$	00.00
9. In-kind contributions fro	om Schedule 5, column 4	\$	00.00
the best of my knowledge an	eclare that I have examined this report, incl d belief it is true, correct and complete. (I er and chairman must sign report.)	uding accompanying schedul f report of candidate, candida	es and statements, and to te and treasurer must gin
Candidate	1/2 Tralepor	Date	11-29-2013
Treasurer / /////	ID CUVUIL	Date	11-29-2013
Chairman of Committee or S	Blate	Date	



		The second section of the second section is a second section of the second section is a second section of the second section is a second section of the second section			
- lactions (d) ann	analie aau - 44f		Lav // 10:220:	1863 · un	MAL SHOSHOLIE MOV.
Liculonswann	auulia.uuv 1 t		1 dx 4 10-200	1000 700	vw.annapolis.gov
The second secon	Control of the Contro			and the second s	menganjaginangan gibiga kangadarah ang meningan pengangan banggan pengangan pengangan penganan pengan
					_ = 4.1
	of, hard of hearing	i or speech di	saniiitv - i ise i	VII J KAIAV C	
	manua on nounn	1 OF OPCOUR	JUDINIA GOO!	BID INCIDIO	13.4. 中央、12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.

Name of candidate or committee	Sheila M. Finlayson		
Report period - transactions from	10-28-13	to 11-05-13	

Schedule 1 - Contributions and Receipts

(Excluding Transfers, Loans and In-kind Contributions)

Date received	Complete name and residence address of Payer	'	ion of receipt. S	See instruc	ctions for code.	Amount
11_07_13	DR Maurice Tose, USNR (RE	T)Code *	Ticket price	Cash		. ******
1 1-07-10	1299 Mayridia Ave	C		Check#	6482	\$1,000.00
	Annapolis, MD 21403	T, enter	price per ticket	Rcpt#		,
	ļ	Aggregate	e amount receive	ed from P	ayer to date	
		Code *	Ticket price	Cash		
				Check#		-
]		* T, enter	price per ticket	Rcpt#		
1		Aggregate	e amount receive	ed from Pa	ayer to date	
		Code *	Ticket price	Cash		
				Check#		
		* T, enter	price per ticket	Rcpt#		
		Aggregate	amount receive	ed from Pa	ayer to date	
		Code *	Ticket price	Cash		
				Check#		
		* T, enter	price per ticket	Rcpt#		
]		Aggregate				
		Code *	Ticket price	Cash		
				Check #		
		* T, enter	price per ticket	Rcpt#		·
		Aggregate	e amount receive	ed from Pa	ayer to date	
		Code *	Ticket price	Cash		
				Check#		
			price per ticket			
İ		Aggregate	amount receive	ed from Pa	ayer to date	
		Code *	Ticket price	Cash		
				Check#		
			price per ticket			
		Aggregate	amount receive	ed from Pa	ayer to date	

Total this page \$ \$1,000.00



<u>Elections@annapolis.gov</u> • 410-263-7929 • Fax 410-280-1853 • <u>www.annapolis.gov</u> Deaf, hard of hearing or speech disability - use MD Relay or 711

Name of candi	date or committee					
Report period -	- transactions from _	10-28	10-28-13 to		11-05-13	
		Schedule :	2 - Loans a	and Transfei	rs	
Date	Complete name a	nd residence				

Date received	Complete name and residence address of Payer	Description of loan or transfer	Amount
	NONE	Aggregate amount of loan or transfer \$	00.00
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	
		Aggregate amount of loan or transfer \$	

Total this page	\$ 00.00



Elections@annapolis.gov • 410-263-7929 • Fax 410-280-1853 • www.annapolis.gov
Deaf, hard of hearing or speech disability - use MD Relay or 711

Name of candidate or committee	Sheila M.	Finlayson		
Report period - transactions from	10-28-13	to	11-05-13	
	Sc	hedule 3 -	Disbursements	

1	2	3			4		5			
•		Salario		ments other than loan ments		Loa	Loan payments		Transfers to other funds (candidate or	
Date	Payee and address	Code	Amount	М	ethod	Amount	Meth	od	committee name required)	Amount
10-31-13	Post Master	P	\$62.85	Check #	772		Check#			
	210 Legion Ave	r	,	Cash			Cash			
	Annapolis21401		ı	Rcpt#			Rcpt #			
	Free State Press 115 West St 10	PL	\$467.81	Check #	773		Check#			
11-1-13	Annapolis	ا ا	φ 4 07.01	Cash			Cash		1	
	21401			Rcpt#			Rcpt#			
				Check #			Check#			
				Cash			Cash			
				Rcpt#			Rcpt#			
				Check #			Check#	-		
				Cash			Cash		1	
				Rcpt#			Rcpt#		1	
				Check#			Check#			
!				Cash			Cash]	
				Rcpt#			Rcpt#]	

Totals this page \$

530.66



<u>Elections@annapolis.gov</u> • 410-263-7929 • Fax 410-280-1853 • <u>www.annapolis.gov</u> Deaf, hard of hearing or speech disability - use MD Relay or 711

Name of fund or committee	Sheila M. I	Finlayson					
Debts as of	11-05-13						
Schedule 4 - Outstanding Obligations as of End of Report Period							
1		2	3	4			
Name and addre	ess	Description of debt (Loans, unpaid bills, etc.)	Date debt incurred	Amount			
NON	NE			00.00			
							
				: 			
							
	· · · · · · · · · · · · · · · · · · ·						
	-						

Total this page \$

00.00

00.00

Total this page



City of Annapolis Office of the City Clerk 160 Duke of Gloucester Street Annapolis, MD 21401-2535

<u>Elections@annapolis.gov</u> • 410-263-7929 • Fax 410-280-1853 • <u>www.annapolis.gov</u> Deaf, hard of hearing or speech disability - use MD Relay or 711

Name of fund or co	ommittee Sheila	Sheila M. Finlayson				
Report period - tra	· · · · · · · · · · · · · · · · · · ·	13 to	11-05-13			
	Schedule 5 -	In-kind Contributio	ns			
1	2	3		4		
Date	Name and address of contributor	Description of In Contributio	n-kind Fair M n thi	arket Value (during s report period)		
	NONE					